		N WILL BE DISSOLV 8: \$550 (IF DISSOLVED, N		SEPTEMBER 30, 1998 O REINSTATE: \$750).	3.	
COR ANNU	PROFIT PORATION IAL REPORT		FLORIDA DEPAR Sandra B. Secretary DIVISION OF C	Mortham of State		
DOCUI	MENT # 44	6308	(9)			
R.A. SHO	ORT, EXCAVATING	G, INC.				
		•			1 114 11 11 11 11 11 11 11 11 11 11 11 1	
5: 1 18:						
Principal Place of Business 2133 GREENLEAF BLVD WINTER HAVEN FL 33884 US		2133- WINT US	GABENLEAD PAOKAE ER HA 33884	II- PLVI		E IN THIS S PACE
-		-			3. Date Incorporated or Qualified	
	ere ere n ere				02/14/1974	
2. Principal Pi 21	lace of Business	28. N 26	lailing Address		4. FEI Number 59-1544042	Applied For Not Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		[27]			.	Fee Required
City & State	e	28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Countr		ip	Country	8. This corporation owes or has pa	
24	25	29 29 ss of Current Register		[0]	Personal Property Tax due June 10. Name and Address of New Re	
SHO	RT, RICHARD A	iss of Cultum Register	eo Agein	81 Name	TO. Name and Address of New No	Ristelen Mair
	KANDRA DEAL			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le\
	GREENLEAF BOUL					
WIN	TER HAVEN FL 3388	4		83		
				84 City		FI 85 Zip Code
11. Pursuant office or agent. La	to the provisions of sec registered agent, or both am familiar with, and so	tions 607.0502 and 607. n, in the State of Florida cept the obligations of, s	1508, Florida Statutes, Such change was au ection 607,0505, Flori	the above-named corpo thorized by the corporational da Statutes.	ration submits this statement for the pur on's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE						
12.		of registered agent and title If as FFICERS AND DIRECT		Registered Agent signature requ	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE	1.1 TITLE		Change Addition
NAME	SHORT, RICHARD A		Could of FRI	1,2 NAME		
STREET ADDRESS	3574-OLARKO OHA		11	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FRANKLIN NC	WILLIA	0	1.4 CHY-S1-ZIF 2.1 THE		Channe D Addition
NAME		r	\[I perere	2.2 NAME		Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP			i emi	2.4 CHY-ST-ZIP		
TITLE			[]] DETETE	317111.6		Change Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREFT ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP		
TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		[] DECESE	4.1 YITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			() octale	5.2 NAME		CT Curvingo [1] Modificity
STREET ADDRESS				53STREET ADDRESS		
CITY-\$T-ZIP	. 		· r	5 4 CITY-ST-ZIP		
TITLE.			DELETE	6 1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-74P				6.4 CiTY-ST-ZIP		

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.